UNITED STATES DISTRICT COURT

EASTERN DISTRICT OF WASHINGTON PROBATION OFFICE

December 12, 2014

Dec 12, 2014

SEAN F. MCAVOY, CLERK BRANCH OFFICES

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REPLY TO Spokane

SCOTT M. MORSE, SR.

CHIEF PROBATION OFFICER

Thomas S. Foley

United States Courthouse

920 W Riverside, Room 540

PO BOX 306 SPOKANE, WA 99210-0306

(509) 742-6300 / fax (509) 742-6339

The Honorable John Rodgers U.S. Magistrate Judge Thomas S. Foley United States Courthouse 920 West Riverside Avenue Spokane, Washington 99201-1010

RE: LIZOTTE, Ashley

DOCKET No: 2:14CR00168-TOR-12

CURRENT LOCATION:

REQUEST FOR MODIFICATION

Dear Judge Rodgers:

On December 3, 2014, Ms. Lizotte appeared before Your Honor for an initial appearance. Ms. Lizotte was ordered to be released, and placed under pretrial release supervision. She reported to the U.S. Probation/Pretrial Services Office, where the undersigned officer discussed modifying Ms. Lizotte's release conditions to include substance abuse testing and treatment, and mental health counseling.

Ms. Lizotte discussed these modifications with her attorney, as she was in agreement to add these conditions, and signed a consent to modify conditions of release. Defense counsel was contacted and agreed to the modification. Ms. Lizotte indicated to this officer that she would like to begin services as soon as possible.

The consent to modify conditions of release form, signed by the defendant, her counsel and the undersigned officer, is attached for your review and signature.

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Should the Court have any further questions, please contact the undersigned officer.

Respectfully submitted,

Scott M. Morse, Sr. Chief U.S. Probation Officer

By: s/Anne Sauther 12/12/2014
Anne Sauther Date
U.S. Probation Officer

APPROVED BY:

s/Matthew L. Thompson 12/12/2014

Matthew Thompson Date

Supervising U.S. Probation Officer

AS/sf

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United States District Court

Eastern District of Washington

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CONSENT TO MODIFY CONDITIONS OF RELEASE

- I, Ashley Lizotte, have discussed with Anne Sauther, Pretrial Services/Probation Officer, modification of my release as follows:
- 1. You shall complete a mental health evaluation and follow any treatment recommendations of the evaluating professional which do not require forced or psychotropic medication and/or inpatient confinement, absent further order of the court. You shall allow reciprocal release of information between the supervising officer and treatment provider. You shall contribute to the cost of treatment according to your ability to pay.
- 2. You shall undergo a substance abuse evaluation and; if indicated by a licensed/certified treatment provider, enter into and successfully compete an approved substance abuse treatment program, which could include inpatient treatment and aftercare. You shall contribute to the cost of treatment according to your ability to pay. You shall allow full reciprocal disclosure between the supervising officer and treatment provider
- 3. You shall abstain from the use of alcohol and illegal controlled substances and shall submit to urinalysis/breathalyzer testing as directed by the supervising officer, but no more than 6 tests per month, in order to confirm continued abstinence from these substances.

I consent to this modification of my release conditions and agree to abide by this modification.

Signature of Desendant

I have reviewed the conditions with my client and conour that this modification is appropriate.

From: Chris Bugbes Fax: Bugbes Law Office, P.S.: (509) To: US WAID Fax: +1 (509) 742-6339 iled 12/12/13 12/11/2014 2:07

12/10/2014 15:58 FAX 5097428338 US PROBATION SPORANE FIELD 12/12/14

Signature of Defense Counsel Date

[X] The above modification of conditions of release is ordered, to be effective on $\frac{12/12/14}{12}$

[] The vom diffication of conditions of release is not ordered.

December 12, 2014

Signature of Judicial Officer

Date